

288
10-5-00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	1	1	05/01/11
2	2	2	16/07/22
3	3	3	02/02/04
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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